



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
COMMUNITY EDUCATION/SERVICE-LEARNING  
Community Service Grant Program Cohort 1

**QUARTERLY PROGRESS REPORT**

Forms not completed according to directions will be returned for revision. Due date for 2004: November 15. Dates for 2005: January 15, April 15, June 30.

District Name (Fiscal Agent)		County District Code _____ -- _____	
Contact Person	Contact Phone	Contact Fax	
Consortium Participants		School Year Awarded	Dates of Quarter ____/____/____ -- ____/____/____

a.	Grade level and Total Number of Students Participating ____Elementary ____Middle ____High
b.	Total number of students suspended/expelled this quarter within District/Consortium
c.	Number of students in program for non-violent offenses
d.	Number of students in program for violent offenses based on Safe and Drug Free Schools Act
e.	Average number of days of suspension
f.	Number of students in program with Out-of-School suspension status
g.	Number of students in program with In-of-School suspension status
h.	Number of students in program with Expulsion status
i.	Highest number of students enrolled in program this quarter
j.	Lowest number of students enrolled in program this quarter

In the narrative sections, please have a least one paragraph and use complete sentences

k.	Have you had any training either within your district/consortium or community this quarter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l.	Describe	
m.	Which Community Based Partners have you been involved with this quarter (with contact name and phone)?	
n.	Please describe involvement by your Community Based Partners.	
o.	Have you developed any new partnerships, if yes to what extent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe	
p.	Number of Community Service Projects implemented this quarter	
q.	Number of on-going Community Service Projects	
r.	Number of Community Service Projects completed this quarter	
s.	Number of hours spent per student per week in Community Service activities	hrs
t.	What types of Meaningful Community Service have students participated in this quarter? Describe	
u.	Describe any changes in behavior. Divide answers by Pre-Community Service and Post.	

v.	Describe any changes in attitudes. Divide answers by Pre-Community Service and Post.	
w.	Describe any changes in absences/tardiness. Divide answers by Pre-Community Service and Post.	
x.	Number of hours spent per student per week in Character Education activities	hrs
y.	Provide examples of activities	
z.	Number of hours spent per student per week in Reflection/Debriefing activities	hrs
aa.	Provide examples of activities	
bb.	Number of hours spent per student per week in Transition/Student Support activities	hrs
cc.	Provide examples of activities	
Please describe any feedback you have received about this program.		
dd.	Students	
ee.	Teachers	
ff.	Administrators	
gg.	Parents/Guardians	
hh.	Please describe any challenges you have experienced this quarter.	
ii.	Describe ways this program has impacted your campus	
jj.	Are there any technical assistance needs for your program?	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Authorized Signature</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature of Contact Person</div>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date</div>
<p style="text-align: center;"><b>PLEASE RETURN TO:</b></p> <p style="text-align: center;">Service-Learning Supervisor Community Education Department of Elementary and Secondary Education P. O. Box 480 Jefferson City, Missouri 65102-0480 Phone: (573) 526-5395 Fax: (573) 526-4261</p>		